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|   |                             |                     | Document  | Page 1         | of 2   |  |                   |
|---|-----------------------------|---------------------|---|----------------|--|--|-------------------|
| Filli   | n this information          | on to identify you  | ır case:  |                |  |  |                   |
| Deb   |                             | Sarah L Tristan     |   |                |  |  |                   |
|   |                             | First Name          | Middle Name   | Last Name      |  |  |                   |
|   | tor 2<br>use if, filing) F  | First Name          | Middle Name   | Last Name      |  | -  |                   |
| Unite   | ed States Bankru            | ptcy Court for the: | NORTHERN DISTRICT OF ILLIN  | IOIS           |  | _  |                   |
| Case  | e number <b>24-(</b>        | )5452               |   |                |  |  |                   |
| (if known)  |                             |                     |   |                |  | ■ Check  | if this is an     |
|   |                             |                     |   |                |  | ameno  | led filing        |
| ~   |                             | 000                 |   |                |  |  |                   |
|   | cial Form 1                 |                     |   |                |  |  |                   |
| Scl   | hedule D:                   | Creditors           | Who Have Claims S   | ecured         | l by Propert   | У  | 12/15             |
| is nee  |                             |                     | If two married people are filing together out, number the entries, and attach it to |                |  |  |                   |
|   | ,                           | e claims secured by | vour property?  |                |  |  |                   |
|   |                             | -                   | his form to the court with your other so  | chedules. Yo   | ou have nothing else t                                 | o report on this form.                             |                   |
|   | _                           | of the information  | •   | J.1044100. 10  | a nave nearing elect                                   | io roport ori tino romi.                           |                   |
|   |                             |                     | below.  |                |  |  |                   |
| Part  | List All Se                 | ecured Claims       |   |                | Column A   | Column B   | Column C          |
| 2. List all secured claims. If a creditor has mo<br>for each claim. If more than one creditor has a<br>much as possible, list the claims in alphabetica |                             |                     | a particular claim, list the other creditors in                                     |                | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion |
| 2.4   | PennyMac Lo                 | oan                 |   |                |  |  |                   |
| 2.1   | Services, LL                | <u> </u>            | Describe the property that secures the  |                | \$289,002.00   | \$403,102.00                                       | \$0.00            |
|   | Creditor's Name             |                     | 24 Paxton Lane Schaumburg, IL   |                |  |  |                   |
|   | Attn: Correspondence        |                     | 60194 Cook County Primary residence. Valued via Redfin.                             |                |  |  |                   |
|   | Unit                        | n=                  | As of the date you file, the claim is: Ch   | eck all that   |  |  |                   |
|   | Po Box 51438<br>Los Angeles |                     | apply.  |                |  |  |                   |
|   | Number, Street, City        |                     | Contingent  |                |  |  |                   |
|   | Number, Street, City        | , State & Zip Code  | ☐ Unliquidated☐ Disputed  |                |  |  |                   |
| Who owes the debt? Check one.   |                             |                     | Nature of lien. Check all that apply.   |                |  |  |                   |
| ■ D   | ebtor 1 only                |                     | ■ An agreement you made (such as mo   | ortgage or sec | ured   |  |                   |
| Debtor 2 only   |                             |                     | car loan)   |                |  |  |                   |
| Debtor 1 and Debtor 2 only  |                             |                     | ☐ Statutory lien (such as tax lien, mecha   | anic's lien)   |  |  |                   |
| ☐ At least one of the debtors and another   |                             |                     | ☐ Judgment lien from a lawsuit  | •              |  |  |                   |

 $\hfill\square$  Check if this claim relates to a

Date debt was incurred 2/08/24

Opened 06/22 Last Active

community debt

8849

☐ Other (including a right to offset)

Last 4 digits of account number

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| Debtor 1 Sarah L Tristan  |  | Case number (if known)                                  | 24-05452                      |          |  |  |  |  |
|---|--|---|-------------------------------|----------|--|--|--|--|
| First Name Middle Na  | ame Last Name  |   |                               |          |  |  |  |  |
| 2.2 Wells Fargo Bank, N.A.  | Describe the property that secures the claim:  | \$3,166.33  | \$3,166.33                    | \$0.00   |  |  |  |  |
| Creditor's Name   | Legend Spa hot tub with cover  |   |                               |          |  |  |  |  |
| Attn: Bankruptcy<br>Po Box 14517<br>Des Moines, IA 50306            | As of the date you file, the claim is: Check all that apply.  □ Contingent   | t   |                               |          |  |  |  |  |
| Number, Street, City, State & Zip Code                              | Unliquidated   |   |                               |          |  |  |  |  |
| Who owes the debt? Check one.                                       | ☐ Disputed  Nature of lien. Check all that apply.  |   |                               |          |  |  |  |  |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only        | ■ An agreement you made (such as mortgage of car loan)  □ Statutory lien (such as tax lien, mechanic's lier  |   |                               |          |  |  |  |  |
| ☐ At least one of the debtors and another                           | ☐ Judgment lien from a lawsuit   | 1)  |                               |          |  |  |  |  |
| Check if this claim relates to a community debt                     | Other (including a right to offset)  |   |                               |          |  |  |  |  |
| Opened 05/21 Last Date debt was incurred Active 01/24               | Last 4 digits of account number 621  | 15  |                               |          |  |  |  |  |
| _   | olumn A on this page. Write that number here:  | \$292,168.  | .33                           |          |  |  |  |  |
| If this is the last page of your form, add Write that number here:  | the dollar value totals from all pages.  | \$292,168.  | 33                            |          |  |  |  |  |
| Part 2: List Others to Be Notified fo                               | r a Debt That You Already Listed   |   |                               |          |  |  |  |  |
| trying to collect from you for a debt you or                        | e notified about your bankruptcy for a debt that<br>we to someone else, list the creditor in Part 1, an<br>you listed in Part 1, list the additional creditors<br>is page. | nd then list the collection age                         | ncy here. Similarly, if you h | ave more |  |  |  |  |
| Name, Number, Street, City, State & PennyMac Loan Services,         | . On   | On which line in Part 1 did you enter the creditor? 2.1 |                               |          |  |  |  |  |
| Bankruptcy Department<br>P.O. Box 2410<br>Moorpark, CA 93020        | Las  | Last 4 digits of account number                         |                               |          |  |  |  |  |
| Name, Number, Street, City, State & Zip Code Wells Fargo Bank, N.A. |  | On which line in Part 1 did you enter the creditor? 2.2 |                               |          |  |  |  |  |
| PO Box 10438, MAC F8235<br>Des Moines, IA 50306                     | <b>-02F</b> Las  | Last 4 digits of account number                         |                               |          |  |  |  |  |